Name in Full Geo. W. Abbott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Deals Island County: Somerset

Date of death 1904: Month: June Day: 14 Age: Years: 57 Months: — Days: —

Sex: Male Color or Race: White Birthplace: Md

Married, Single or Widowed: Married Occupation: Farmer

Name of Wife or Husband: Eliza Abbott

Father's Name: [illegible] Father's Birthplace: Md

Mother's Maiden Name: Lavina Chesler Mother's Birthplace: Md

Name of person giving information: W. H. Harrison How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy How long: 10 hours

Immediate: Dysphagia How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: I. Leg Allen

Address: Somerset Co.

Accident or Suicide? —

LIBRARY BUREAU A23516

Name in Full: James Adams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: P. Anne — County: Somerset

Date of death 1904 — Month: June — Day: 28 — Age — Years: 64 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Rehobeth

Occupation: Laborer — Where Residing if not at place of death: P. Anne

Married, Single or Widowed — Name of Wife or Husband: Elizabeth Adams

Father's Name: James Adams — Father's Birthplace: Rehobeth

Mother's Maiden Name: Fannie Adams — Mother's Birthplace: "

Name of person giving information: Elizebeth Adams — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Nephritis & Cardiac Dilatation — How long: At least 6 mos.

Immediate: Uraemia — How long: 3 days

120

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. T. Fisher, M.D.

Address: Princess Anne, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full Earl Ballard

Certificate of Death

Princess Anne Somerset Co

Died at Town ~~Ford Ballard~~ County MARYLAND

Date 1908	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	June	20		16	10	21		Laborer

~~Male~~ ~~Female~~ ~~White~~ Colored ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name Geo H Ballard

Mother's Maiden Name Bettie Ballard

Cause of Death: Primary Tuberculosis 27 How long sick 6 mo.

Immediate Peritonitis

Accident, Suicide, Homicide

Reported by Job T. Dennis Undertaker

Address Princess Anne

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: William Samuel Brittingham

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Hellentown — Town; Somerset — County

Date of death: 1904 — Month: June — Day: 25 — Age: Years 5 — Months 4 — Days

Sex: Male — Color or Race: Anglo Saxon — Birthplace: Somerset Co, Md

Occupation: Farmer — Where Residing if not at place of death:

Married, or Widowed — Name of Wife or Husband: Margaret

Father's Name: Wm H. Brittingham — Father's Birthplace: Somerset Co Md

Mother's Maiden Name: Sarah Richards — Mother's Birthplace: Maryland

Name of person giving Imformation: Chas A Brittingham — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hydrocephalus — How long: 8 months

Immediate: Obstruction Biliary Ducts — How long: 3 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J A Adkins M D

Address: Princess Anne Md

Accident or Suicide?

LIBRARY BUREAU A89616

Name in Full

Certificate of Death

Mrs Mary Elzy

Died at Town: Princess Anne County: Md MARYLAND

Date 19 Oct June 26 Month Day | Age Y. 80 M. D. | Native of not Known | Occupation Labore

~~Male~~ Female | ~~White~~ Colored | ~~Single~~ Married | Widow | ~~Widower~~ Divorced | Number of children living 5-

Husband of Wife David Elzy

Father's Name David Tomlin Mother's Maiden Name Sarah Carroll

Cause of Death { Primary: Old age. How long sick

Immediate | Accident, Suicide, Homicide

154

Reported by Agustus Wilson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898

Name in Full: Kelley Evans

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Marion — County: Somerset

Date of death 1904 — Month: 6 — Day: 21 — Age: Years 5 — Months 4 — Days —

Sex: Male — Color or Race: Colored — Birthplace: Marion Md

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Evans — Father's Birthplace: Somerset Co

Mother's Maiden Name: Christie Church — Mother's Birthplace: "

Name of person giving Information: Geo W Carroll — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 3 months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Carroll

Address: Marion Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: John Fokes

CERTIFICATE OF DEATH

MARYLAND

Died at: • Town: Princess Anne | County: Somerset Co

Date of death	Month	Day	Years	Months	Days
1904	June	14	Age 1	3	14

Sex: Male | Color or Race: Black | Birthplace: Greenwood

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: | Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Fokes | Father's Birthplace: Dublin Md

Mother's Maiden Name: Mary Fokes | Mother's Birthplace: Pocomoke Md

Name of person giving Information: John Fokes | How related to deceased: Father

CAUSES OF DEATH

Primary: | How long: 4 Months

Immediate: | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Lewis Undertaker

Address: Princess Anne Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Florence Gale

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Creak — County: Somerset

Date of death 1904: Month: June — Day: 26

Age: Years: 25 — Months: 8 — Days:

Sex: Femail — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: Married — Occupation:

Name of Wife or Husband: John Gale

Father's Name: Geo Jones — Father's Birthplace: Md

Mother's Maiden Name: Adaline Price — Mother's Birthplace: Md

Name of person giving In formation: John Gale — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Puerperal fever — How long: 10 days

Immediate: asthma — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Jennings M.D.

Address: Haines Corner Somerset Co. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A2951G

Name in Full: Fubman Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fairmount — County: Somerset

Date of death 1904: Month: June — Day: 22 — Age: Years: 67 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Somerset Co

Married, Single or Widowed: Widower — Occupation: Oysterman

Neme of Wife or Husband: —

Father's Name: Henry Hall — Father's Birthplace: Somerset Co

Mother's Maiden Name: Rachel Johnson — Mother's Birthplace: Somerset

Name of person giving In formation: Geo Hall — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetis — How long: One year

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G.E. Dickinson

Address: Upper Fairmount Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Rena Hargis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dublin Crossing; County: Somerset

Date of death: 1904 June 17; Age: Years 34 Months Days

Sex: Female; Color or Race: African; Birthplace: Somerset Co Md

Occupation: Housewife; Where Residing if not at place of death:

~~Married~~, ~~Single~~ or Widowed; ~~Name of Wife or~~ Husband: Levin Hicks

Father's Name: Littleton Hargis; Father's Birthplace: Somerset Co Md

Mother's Maiden Name: Rose Ann Travers; Mother's Birthplace: Md

Name of person giving Imformation: Littleton T. Hicks; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: 3 weeks

Immediate: Hemorrhage; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. A. Adams M D

Address: Pocomoke City Md

~~Accident or Suicide~~?

LIBRARY BUREAU A8S816

Name in Full: Leon S Gaither

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deal Island — County: Somerset

Date of death 1904: Month: June — Day: 26 — Years: Age 30 — Months — Days —

Sex: Male — Color or Race: Black — Birthplace —

Occupation: Oysterman

Married, Single or Widowed: Widower

Name of Wife or Husband: Sealy Robinson

Father's Name — Father's Birthplace —

Mother's Maiden Name: Annie E Anderson — Mother's Birthplace —

Name of person giving Information: Thomas Robinson — How related to deceased: mom

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 4 mos.

Immediate: Asthenia — How long: "Don't Know"

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address: W. Va. Alexander Somerset Co.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Leroy Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oriole MD — County: Somerset

Date of death: Month: June — Day: 25 — 1904

Age: Years: 60 — Months: — — Days: —

Sex: Colored — Color or Race: — — Birthplace: Oriole

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Emeline Jones

Father's Name: Henry Jones — Father's Birthplace: Oriole

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Henry Maddox — How related to deceased: friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN, OR CORONER

Primary: Chronic nephritis — How long: 1 year

Immediate: Exhaustion — How long: 10 days

120

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R L Haught M.D.

Address: Oriole P.O. Md

Accident or Suicide? —

8

LIBRARY BUREAU A8851S

Name in Full

Certificete of Death

Ada Logie

Died et Princess Anne Town County Somerset Co MARYLAND

Date 19[illegible] June 12 Month Day | Age Y. 30 M. D. | Native of | Occupation

~~Male~~ Femele ~~White~~ Colored Married ~~Single~~ Widow Widower ~~Divorced~~ Number of children living 4

~~Husband~~ or Wife David Logie

Father's Neme

Mother's Maiden Name

Cause of Death: Primary Typhoid Fever

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Dave Logie

Address P. Anne, Md

Must be signed by physicien, if any in attendence, otherwise by coroner, underteker or minister.

LIBRARY BUREAU 79808

Name in Full: Sarah P Long

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Princess Anne — County: Somerset

Date of death: Month: June — Day: 10 — 1904

Age: Years: 39 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: House wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Upshur Long

Father's Name: L C Porter — Father's Birthplace: maryland

Mother's Maiden Name: E B Hayman — Mother's Birthplace: "

Name of person giving Imformation: Annie Porter — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 5 years

Immediate: Asthenia — How long: Few Hours

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: Chas. W. Wainwright

Address: Princess Anne

Accident or Suicide? —

LIBRARY BUREAU A89516

Name in Full: Mrs. Belle Martin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Vernon — County: Somerset

Date of death: 1904 — Month: June — Day: 8 — Years: Age 45 (?) — Months: — — Days:

Sex: Female — Color or Race: White — Birthplace: New Jersey

Occupation: Housewife — Where Residing if not at place of death: Mt. Vernon

Married, Single or Widowed: married — Name of ~~Wife~~ Husband: W. H. Martin

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Martin — Father's Birthplace: Pennsylvania

Mother's Maiden Name: [illegible] Martin — Mother's Birthplace: "

Name of person giving Imformation: W H Martin — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ? — 128 — How long

Immediate: Uterine Haemorrhage — How long: ?

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. T. Fisher, M.D.

Address: Princess Anne, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: John Moore

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Asbury County: Somerset Co

Date of death	Month	Day	Age	Years	Months	Days
1904	6	10		83	6	16

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White	Birthplace: Somerset Co Md	
Occupation: Sailor	Where Residing if not at place of death: Asbury Somerset Co Md		
Married, ~~Single~~ or Widowed	Name of Wife or Husband: Sally		
Father's Name: William Moore		Father's Birthplace: Asbury	
Mother's Maiden Name: Sally Sterling		Mother's Birthplace: do	
Name of person giving Information: Henry S Moore		How related to deceased: Son	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Trouble		How long: 5 days
Immediate: 10 days		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: Dr J H Simms	
	Address: Crisfield Md	
Accident or Suicide?		

LIBRARY BUREAU A88518

Name in Full: Sally Moore

CERTIFICATE OF DEATH

Died at: Town: Asbury Station — County: Somerset — MARYLAND

Date of death: 1904 — Month: 6 — Day: 18 — Age: Years: 82 — Months: 3 — Days: 18

Sex: Female — Color or Race: White — Birthplace: Asbury

Occupation: Home Wife — Where Residing if not at place of death: do

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: John Moore

Father's Name: Travis Sterling — Father's Birthplace: Asbury Somerset Co Md

Mother's Maiden Name: Leah Sterling — Mother's Birthplace: do

Name of person giving In formation: Henry B Moore — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long: 10 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: G. J. H. Bonnet

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A89518

Name in Full: Elijah F. Powell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Princess Anne — County: Somerset

Date of death 1904 — Month: June — Day: 11 — Age: Years 76 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: Somerset Co

Occupation: Scoolteacher — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Levinia Powell

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: Mrs. E. A. J. Powell — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Morbus 13 — How long: 8 days

Immediate: Asthenia — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. W. Dämmonth

Address: Princess Anne Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Vane Walston

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Princess Anne — County: Somerset Co.

Date of death 1904: Month: June — Day: 16

Age: Years: 14 — Months: 5 — Days: 15

Sex: Female

Color or Race: Colored

Birthplace: Rome

Occupation: Coupe

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

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Father's Name: George Walston — Father's Birthplace: Mount Vernon Md

Mother's Maiden Name: Ariadne Walston — Mother's Birthplace: Rome Md

Name of person giving information: Dr. Wm. Jackson — How related to deceased: Cousin

CAUSES OF DEATH

Child Birth

Primary — How long: one week

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. T. Lewis

Address: Princess Anne Md

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A69516

Name in Full

Certificate of Death

Nannie Walston

Town: Princess Anne County: Somerset MARYLAND

Died at

Date 1904 Month June Day 16 | Age 16 Y. — M. — D. | Native of Md | Occupation Housework.

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 0

Husband of
Wife

Father's Name George Walston

Mother's Name Aileen Walston.

Cause of Death: Primary Eclampsia

Immediate Eclampsia & Shock

How long sick 2 days.

Accident, Suicide, Homicide

Reported by Chas. T. Fisher, M.D.

Address Princess Anne, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Deal Island — County: Somerset

Date of death 1904 — Month: June — Day: 8

Age — Years: — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Deal Island

~~Married~~, Single or ~~Widowed~~ — Occupation:

Name of Wife or Husband:

Father's Name: James W Shiles — Father's Birthplace: Deal Island

Mother's Maiden Name: Esther Curtis — Mother's Birthplace: " "

Name of person giving In formation: Mrs T W Fenton — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. G. Alexander

Address: Deal Island Md

Accident or Suicide?

LIBRARY BUREAU A58516

Name in Full: John H. White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kedf Costen City — County: Somerset

Date of death: Month: June — Day: 12 — Year: 1904 — Age: 26 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Somerset Co.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Sue Dickerson

Father's Name: Frank White — Father's Birthplace: Somerset Co

Mother's Maiden Name: Louisa Costen — Mother's Birthplace:

Name of person giving Information: Henry H White — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Ascending Paralysis — How long: 2 Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? I think So

Signature of Physician: R La Hale

Address: Crocheron Md Box 84

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Jane Teagle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chance | County: Somerset

Date of death 1904: Month: June | Day: 27th | Age: Years: 67 | Months: — | Days: —

Sex: Female | Color or Race: Colored | Birthplace: Som. Co.

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: Widowed | Name of Wife or Husband: —

Father's Name: — | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving Information: Jas. Teagle | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND OR PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Bright's disease | How long: 1 year

Immediate: asthma | How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. W. Windsor, M. D.

Address: Stones Landing, Somerset Co. Md

Accident or Suicide? —

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LIBRARY BUREAU A88016